

OFFICIAL RECORD HOLDER

CAMPAIN FINANCE REPORT

CITY SECRETARY

FT. WORTH, TEX

FORM C/OH

COVER SHEET PG 1

The C/OH user must fully explain how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 12345678	2 PAGE # 1 of 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Guadalupe	MI
	NICKNAME Lupe	LAST Arriola	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	6731 Bridge St. #224 Fort Worth, TX 76112		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Christopher	MI
	NICKNAME Chris	LAST Sanchez	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
5925 Forest Lane Fort Worth, TX 76112			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
			0
8 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
<input type="checkbox"/> Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month	Day	Year
04/05/2011		THROUGH	05/04/2011
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month 05/14/2011	Day 14	Year 2011
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) City Council District District 4	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...		
	Name		
	Address/PO Box; Apt / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Arriola, Guadalupe (Ms.)

15 ACCOUNT # (Ethics Commission filers)
12345678

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 735.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. **TOTAL POLITICAL EXPENDITURES**

\$ 39,470.49

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 29,595.64

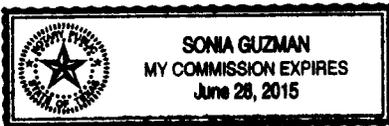
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 87,500.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Guadalupe Arriola
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Guadalupe Arriola, this the 16TH day of May, 2011, to certify which, witness my hand and seal of office.

Sonia Guzman
Signature of officer administering oath

SONIA GUZMAN
Print name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 3/14	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 04/12/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blair, Leita 6 Contributor address; City; State; Zip Code 2846 Wentwood Dr Grapevine, TX 76051-6015	7 Amount of contribution (\$) \$35.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 04/15/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Borrego, Victoria 6 Contributor address; City; State; Zip Code PO Box 164101 Fort Worth, TX 76161-4101	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 04/26/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Drew, Zenetta 6 Contributor address; City; State; Zip Code 3852 Treeline Dr Dallas, TX 75224-4165	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 04/07/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eicher, Carol 6 Contributor address; City; State; Zip Code 1766 Oak Hill Rd Fort Worth, TX 76112-4074	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 04/06/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gutierrez, Jose 6 Contributor address; City; State; Zip Code 400 S Zang Blvd Ste 1414 Dallas, TX 75208-6648	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 4/14	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 04/19/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kellam, Mary Ann 6 Contributor address; City; State; Zip Code 939 E Bethel School Rd Coppell, TX 75019-5972	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LANSFORD, ROBERT Contributor address; City; State; Zip Code 4099 Hidden View Cir Fort Worth, TX 76109-4626	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leal, Marianne Contributor address; City; State; Zip Code 1220 N Main St Ste 115 Fort Worth, TX 76164-9167	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) State Farm	
Date 04/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Menchaca, Dr. & Mrs. John Contributor address; City; State; Zip Code 2400 Winton Ter W Fort Worth, TX 76109-1152	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/22/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pastusek, Mary Contributor address; City; State; Zip Code 7812 Acapulco Rd Fort Worth, TX 76112-6117	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION Guide explains how to complete this form.

1 PAGE # Schedule: 1/8 Report: 7/14		2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (TEC filers) 12345678	
4 Date 04/14/2011	5 Payee name (eightoneseven)Strategies				
6 Amount (\$) \$1,500.00	7 Payee address City; State; Zip Code PO Box 123262 Fort Worth, TX 76121				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/30/2011	Payee name (eightoneseven)Strategies				
Amount (\$) \$1,500.00	Payee address City; State; Zip Code PO Box 123262 Fort Worth, TX 76121				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/13/2011	Payee name Arriola, Guadalupe				
Amount (\$) \$55.40	Payee address City; State; Zip Code 5925 Forest Ln Fort Worth, TX 76112-1045				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/12/2011	Payee name CLEAR				
Amount (\$) \$43.41	Payee address City; State; Zip Code 4400 Carillon Point Kirkland, WA 98033				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Internet		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION Guide explains how to complete this form.

1 PAGE # Schedule: 2/8 Report: 8/14	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 05/02/2011	5 Payee name Dollar General
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6 Amount (\$) \$15.16	7 Payee address City; State; Zip Code 1024 Bridgewood Dr Fort Worth, TX 76112-0802
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/14/2011	Payee name Graphics2
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Amount (\$) \$2,240.40	Payee address City; State; Zip Code 507 S. Main St Fort Worth, TX 76104
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Direct Mail
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/12/2011	Payee name Home Depot
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Amount (\$) \$9.73	Payee address City; State; Zip Code 1151 Bridgewood Dr Fort Worth, TX 76112-0805
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/21/2011	Payee name James, Hannah
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Amount (\$) \$75.00	Payee address City; State; Zip Code 2807 Ranch House Dr E Apt 411 Fort Worth, TX 76116-0738
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Field Consulting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION Guide explains how to complete this form.

1 PAGE # Schedule: 3/8 Report: 9/14	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 05/02/2011	5 Payee name James, Hannah
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6 Amount (\$) \$75.00	7 Payee address City; State; Zip Code 2807 Ranch House Dr E Apt 411 Fort Worth, TX 76116-0738
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Field Consulting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/13/2011	Payee name Mack/Crouse Group
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Amount (\$) \$10,015.92	Payee address City; State; Zip Code 2001 N Beauregard St Alexandria, VA 22311-1739
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Direct Mail
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/28/2011	Payee name Mack/Crouse Group
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Amount (\$) \$12,774.06	Payee address City; State; Zip Code 2001 N Beauregard St Alexandria, VA 22311-1739
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Direct Mail
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/03/2011	Payee name Mack/Crouse Group
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Amount (\$) \$9,474.06	Payee address City; State; Zip Code 2001 N Beauregard St Alexandria, VA 22311-1739
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Direct Mail
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/8 Report: 10/14	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 04/06/2011	5 Payee name Madison Summitt LTD
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6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code 1100 Bridgewood St. Fort Worth, TX 76112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rent
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/03/2011	Payee name Madison Summitt LTD
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Amount (\$) \$500.00	Payee address City; State; Zip Code 1100 Bridgewood St. Fort Worth, TX 76112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rent
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/03/2011	Payee name Nutt, Carl
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Amount (\$) \$50.00	Payee address City; State; Zip Code 1353 Fieldstone Dr Bedford, TX 76022-6755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sign Distribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/13/2011	Payee name Paypal
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Amount (\$) \$3.20	Payee address City; State; Zip Code 2211 N 1st St San Jose, CA 95131-2021
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Paypal Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/8 Report: 11/14		2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (TEC filers) 12345678	
4 Date 04/14/2011	5 Payee name Paypal				
6 Amount (\$) \$1.75	7 Payee address City; State; Zip Code 2211 N 1st St San Jose, CA 95131-2021				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Paypal Fee		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/19/2011	Payee name Paypal				
Amount (\$) \$1.75	Payee address City; State; Zip Code 2211 N 1st St San Jose, CA 95131-2021				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing Fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/28/2011	Payee name Paypal				
Amount (\$) \$1.75	Payee address City; State; Zip Code 2211 N 1st St San Jose, CA 95131-2021				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing Fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/29/2011	Payee name Sam's Club				
Amount (\$) \$33.56	Payee address City; State; Zip Code 4400 Bryant Irvin Rd Fort Worth, TX 76132-1064				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/8 Report: 12/14	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 04/25/2011	5 Payee name Subway
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6 Amount (\$) \$4.87	7 Payee address City; State; Zip Code 1100 Bridgewood Dr Ste 115 Fort Worth, TX 76112-0808
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/02/2011	Payee name Tran, Mr.
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Amount (\$) \$11.99	Payee address City; State; Zip Code 6719 Bridge St Fort Worth, TX 76112-0817
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/22/2011	Payee name Tyson Organization
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Amount (\$) \$500.00	Payee address City; State; Zip Code 855 Texas St Ste 100 Fort Worth, TX 76102-4574
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Consulting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/12/2011	Payee name USPS
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Amount (\$) \$14.34	Payee address City; State; Zip Code 1475 Handley Dr Fort Worth, TX 76112-3371
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION Guide explains how to complete this form.

1 PAGE # Schedule: 7/8 Report: 13/14	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 04/19/2011	5 Payee name Wells Fargo
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6 Amount (\$) \$8.50	7 Payee address City; State; Zip Code 6707 Brentwood Stair Road Fort Worth, TX 76112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank Fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/19/2011	Payee name Wells Fargo
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Amount (\$) \$15.00	Payee address City; State; Zip Code 6707 Brentwood Stair Road Fort Worth, TX 76112
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/02/2011	Payee name Wells Fargo
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Amount (\$) \$9.95	Payee address City; State; Zip Code 6707 Brentwood Stair Road Fort Worth, TX 76112
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/05/2011	Payee name Yoko Donuts
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Amount (\$) \$13.78	Payee address City; State; Zip Code 5936 Geddes Ave Fort Worth, TX 76107-5818
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION Guide explains how to complete this form.

1 PAGE # Schedule: 8/8 Report: 14/14		2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (TEC filers) 12345678	
4 Date 04/11/2011	5 Payee name Yoko Donuts				
6 Amount (\$) \$7.50	7 Payee address City; State; Zip Code 5936 Geddes Ave Fort Worth, TX 76107-5818				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/15/2011	Payee name Yoko Donuts				
Amount (\$) \$3.73	Payee address City; State; Zip Code 5936 Geddes Ave Fort Worth, TX 76107-5818				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/18/2011	Payee name Yoko Donuts				
Amount (\$) \$10.68	Payee address City; State; Zip Code 5936 Geddes Ave Fort Worth, TX 76107-5818				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	